STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Brian P. Grip				
II. Name of lobbyist's partnership, firm or cou	rporation, if an	y:		
Bank of America Corporation				
(Name of partnership, firm or corp	ooration)			
900 Elm Street 17th Floor, NH9-900-17-02	Manchester	NH	03101	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) <u>647-7625</u> (704) <u>8</u>	804-5281 (Fax)	e-mail brian	.p.grip@bankofamerica.com	
III. This statement covers: (Choose one – file s reportable expense transactions which are not			you may file a separate report	t for
All reportable transactions occurring in the m	onths prior to tl	ne reporting date relativ	ve to the following client:	
Bank of America Corporation			. <u> </u>	
(Full Name of Client as it a	ppears on the Lob	byist Registration Form)		
OR ☐ All reportable transactions by the lobbyist (incurrelated to any particular client.	cluding the lobb	yist's family), or the lo	obbying firm listed below which	ı are
IV. Date of Report April 25, 2018		July 25, 2018	N	
Reports cover: activity from date of registration i	10 3/3 1/18	activity from 4/1/18 to	•	
October 31, 2018 activity from 7/1/18 to 9/30/1	18	January 30, 20 activity from 10/1/18 to		
V. There have been no fees received and n If this box is checked, complete just this form and Concord, NH 03301.				
VI Charle if additional vanants are attached:				
VI. Check if additional reports are attached:If you have received fees or made expenditu	res vou must fi	e Addendum A– Fees	and Expenses	
☐ If you have paid an honorarium or reimburse Expense Reimbursement	-			
☐ If you, your firm, or your family has made p	olitical contribu	tions, you must file Ad	Idendum C- Political Contribu	tions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and I and complete to the best of my knowledge and be		reby swear or affirm th		true
(Signature of loobyist)			RECEIVE	ED.
Brian P. Grip (Print Name of lobbyist)			IAN 16 20	

NEW HAMPSHIRE DEPARTMENT OF STATE